

### AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application. Where claims have been amended, deletions are indicated by ~~striketrough~~, and additions are indicated by underlining:

**In the claims:**

1. – 10. (Cancelled).

11. (Previously Presented): A method of endoscopically forming, approximating and securing a plurality of tissue folds within a patient, the method comprising:

- advancing an anchor delivery device through the patient's esophagus into the patient's stomach;
- endoscopically forming a first tissue fold in the stomach tissue of the patient;
- piercing the first tissue fold with a needle defining a lumen;
- ejecting a first anchor from the needle across the first tissue fold;
- endoscopically forming at least one additional tissue fold in the stomach tissue of the patient, thereby forming the plurality of tissue folds;
- placing at least one additional anchor across the at least one additional tissue fold;
- approximating the plurality of tissue folds; and
- securing the approximated plurality of tissue folds with the anchors.

12. (Original): The method of claim 11, wherein the first tissue fold and the at least one additional tissue fold are not attached to one another.

13. (Original): The method of claim 11, wherein the first tissue fold is formed from an anterior segment of the patient's stomach and at least one additional tissue fold is formed from a posterior segment of the patient's stomach opposite the anterior segment.

14. (Original): The method of claim 11, wherein the first tissue fold and the at

least one additional tissue fold are disposed inferior to a patient's gastroesophageal junction.

15. (Previously Presented): A method of performing gastric reduction procedure comprising:

advancing an anchor delivery device through a patient's esophagus into the patient's stomach, the anchor delivery device including a needle defining a lumen;  
endoscopically forming and approximating a first plurality of tissue folds in a first plane within the patient's stomach;  
piercing at least one of the first plurality of tissue folds with the needle;  
ejecting a first anchor from the needle across the at least one tissue fold; and  
endoscopically forming, approximating and securing at least one additional plurality of tissue folds in at least one additional plane within the patient's stomach, with the anchor delivery device being used for securing the at least one additional plurality of tissue folds.

16. (Original): The method of claim 15, wherein the first plane and the at least one additional plane are substantially parallel to one another.

17. (Original): The method of claim 15, wherein the first plurality of tissue folds and the at least one additional plurality of tissue folds are not attached to one another.

18. (Original): The method of claim 15, wherein the first plurality of tissue folds and the at least one additional plurality of tissue folds each comprise at least one tissue fold from an anterior segment of the patient's stomach and at least one tissue fold from an opposing posterior segment of the patient's stomach.

19. (Original): The method of claim 15, wherein the first plurality of tissue folds and the at least one additional plurality of tissue folds are disposed inferior to the patient's gastroesophageal junction.

20. – 41. (Cancelled).

42. (New): A method of performing gastric reduction comprising:  
advancing an anchor delivery device through a patient's esophagus into the  
patient's stomach, the anchor delivery device including a needle defining a lumen;  
endoscopically forming and approximating a first tissue fold at a first location  
within the patient's stomach;  
piercing the first tissue fold with the needle;  
ejecting a first anchor from the needle on a first side of the first tissue fold;  
withdrawing the needle from the first tissue fold;  
ejecting a second anchor from the needle on a second side of the first tissue fold,  
with a connector extending between the first anchor and the second anchor; and  
endoscopically forming, approximating and securing at least one additional tissue  
fold in at least one additional location within the patient's stomach, with the anchor  
delivery device being used for securing the at least one additional tissue fold.

43. (New): The method of claim 42, further comprising approximating and  
securing the first tissue fold and the at least one additional tissue fold.

44. (New): The method of claim 42, wherein the first tissue fold and the at  
least one additional tissue fold are not attached to one another.

45. (New): The method of claim 42, wherein the first tissue fold and the at  
least one additional tissue fold comprise at least one tissue fold from an anterior segment  
of the patient's stomach and at least one tissue fold from an opposing posterior segment  
of the patient's stomach.

46. (New): The method of claim 42, wherein the first tissue fold and the at  
least one additional tissue fold are disposed inferior to a patient's gastroesophageal  
junction.

47. (New): The method of claim 42, further comprising adjusting the second anchor after it is ejected from the needle in order to secure the first tissue fold.

48. (New): The method of claim 47, wherein adjusting the second anchor comprises shortening a length of the connector extending between the first anchor and the second anchor.